

50.00 Before 9-25-02 IFLLC
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90169 006 ****50.00

DOCUMENT # L01000000360

1. Entity Name

INDIGO PRESERVE, LLC

Principal Place of Business

**255 EAST DRIVE, SUITE D
 MELBOURNE FL 32904**

Mailing Address

**255 EAST DRIVE, SUITE D
 MELBOURNE FL 32904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8310 Big Acorn Cir
 Suite, Apt. #, etc.
 #1001**

3. Mailing Address

**8310 Big Acorn Cir
 Suite, Apt. #, etc.
 #1001**

City & State

**Naples, FL
 34119**

City & State

Naples FL 34119

4. FEL Number

59-3743736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PEEPLES, C. PERRY ESQ.
 C/O ANNIS, MITCHELL, COCKEY, EDWARDS AND R
 8889 PELICAN BAY BOULEVARD, SUITE 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **Karen Rosborough**
 Street Address (P.O. Box Number is Not Acceptable)
8310 Big Acorn Cir #1001
 City **Naples** FL **34119**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Rosborough

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **SAUNDRY ASSOCIATES, INC.**
 STREET ADDRESS **255 EAST DRIVE, SUITE D**
 CITY-ST-ZIP **MELBOURNE FL 32904**

10. ADDITIONS/CHANGES

TITLE **Manager**
 NAME **Saundry Associates, Inc**
 STREET ADDRESS **8310 Big Acorn Cir #1001**
 CITY-ST-ZIP **Naples, FL 34119**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Karen Rosborough
 Signature typed or printed name of signing managing member, manager, or authorized representative

Date

7-11-02

Daytime Phone #

(239) 348-3062

CR2E083 (4/02)